Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	6-13-2014	Street:	500 S. Broadway	
Incident #:	14ISPC004890	Apt, Lot, Roo	m #: N/A	
County :	Porter	City:	Beverly Shores	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
 □ Lab Seizure □ Chemical Seizure □ Equipment Seizure □ Dumpsite Seizure 		Residence Outbuilding Vehicle Other:		
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
 ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Located in vehicle ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): 		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):		
Child under age 18 discovered (check appropriate)				
No No	(number present) not present but evidence they reside	unclean Estimated le occurring: N	ength of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>Linda Summers</u> <u>5NPET46C69H482074</u> <u>2009</u>	Make: Model: Color:	<u>Hyundai</u> <u>Sedan</u> <u>Light blue</u>	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>Beverly Shores</u> Health Department County: <u>Porter County</u> Department of Child Services Hotline: <u>dcshotlinerepo</u>		Fax: 219-4	Fax: <u>219-879-9104</u> Fax: <u>219-465-3531</u> rts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>G.Eckrich 7890</u> Phone <u>219-696-6242</u>				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.